Finding: Mixed evidence

## Intervention: Interventions for smokeless tobacco use cessation

Potential partners to undertake the intervention:

Nonprofits or local coalitions
Schools or universities
Health care providers

Businesses or labor organizations
Media
Local public health departments

Policymakers

Other:

## Findings from the systematic reviews:

MHospitals, clinics or managed care organizations

State public health departments

Behavioral interventions such as counseling, telephone calls, or self-help materials appear to be effective for increasing tobacco abstinence rates among smokeless tobacco (ST) users. Specific examples include a workshop for dental health professionals to develop skills in the identification and counseling of ST users. Another study randomized 44 schools of high school athletes to either an intervention group, including oral screening, a peer-led discussion, small group cessation counseling and a phone call on quit date, or a control group.

Behavioral interventions which include an oral examination with feedback may be effective for increasing tobacco abstinence rates among ST users. The estimate of this treatment effect combines both population-based interventions and individuals self-selecting for treatment. This analysis, however, is post-hoc and should be interpreted with caution.

Evidence for the effectiveness of bupropion sustained release and nicotine replacement therapy for the treatment of smokeless tobacco use is inconclusive. The evidence for the use of these pharmacotherapies is insufficient to provide clear guidelines for practice. These interventions have not been shown to have the effects expected from them.

## References:

Ebbert JO, Rowland LC, Montori V, Vickers KS, Erwin PC, Dale LC, Stead LF. Interventions for smokeless tobacco use cessation. *The Cochrane Database of Systematic Reviews* 2004, Issue 3. Art. No.: CD004306. DOI: 10.1002/14651858,CD004306.pub2.